## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

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Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING				
Name of business entity filing form, and the city, state and country of the business entity's place of business.		Certificate Number:					
		2019-403200					
San Francisco, CA United States		Date Filed:					
being filed.							
City of Killeen, Texas			Date Acknowledged:				
Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.							
QU-0246							
The Fitness Court and National Campaign Resources							
	ame of Interested Party  City, State, Country (place of business		Nature of interest				
Name of Interested Party City, State, C							
		_	Controlling	Intermediary			
.0							
2							
5 Check only if there is NO Interested Party.							
UNSWORN DECLARATION							
My name is CREE LARSON	and my date of	birth is	04/28/199	10			
Munddroon in 415 JACKSON STREET SUITER SAN FO	RANCISCO C	Α	94111	USA			
(street)		ate)	(zip code)	(country)			
I declare under penalty of perjury that the foregoing is true and correct.							
Executed in SAN FRANCISCO County, State of CALIFORNIA, on the 15 day of FEBRUTRY, 2019							
(month) (year)							
Signature of authorized agent of contracting business entity (Declarant)							
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Name of business.  National Fitness Campaign  San Francisco, CA United States  Name of governmental entity or state agency that is a party to the contract for which is the identification number used by the governmental entity or state ageing description of the services, goods, or other property to be provided under the country of the Fitness Court and National Campaign Resources  Name of Interested Party  City, State, C  Check only if there is NO Interested Party.  UNSWORN DECLARATION  My name is CREE LARSON  My address is 415 JACKSON STREET, SUITEB, SAN Fince (street)  It declare under penalty of perjury that the foregoing is true and correct.  Executed in SAN FRANCISCO County, State of CREE LARSON  Cauchting Country and Campaign Resources.	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Name of business entity filing form, and the city, state and country of the business entity's place of business.  National Fitness Campaign San Francisco, CA United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  City of Killeen, Texas  Provide the identification number used by the governmental entity or state agency to track or identify description of the services, goods, or other property to be provided under the contract.  QU-0246 The Fitness Court and National Campaign Resources  Name of Interested Party  City, State, Country (place of busin)  Check only if there is NO Interested Party.  UNSWORN DECLARATION  My name is CREE LARSIN  My address is 4/5 JACKSON STREET SUITEB , SAN FRANCISCO (street)  (street)  Garden SAN FRANCISCO County, State of CALLTORNIA on the Signature of applicated agent of continued to the country of applicated agent of continued agent of continued to the country of the properties agent of continued agent of continue	Centro double Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Name of business entity filing form, and the city, state and country of the business entity's place of business.  National Fitness Campaign San Francisco, CA United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filled.  City of Killeen, Texas  Provide the identification number used by the governmental entity or state agency to track or identify the codescription of the services, goods, or other property to be provided under the contract.  QU-0246 The Fitness Court and National Campaign Resources  Name of Interested Party  City, State, Country (place of business)  Check only if there is NO Interested Party.  IX  UNSWORN DECLARATION  My name isCREE_LARSON	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  Name of business entity filing form, and the city, state and country of the business entity's place of business.  National Fitness Campaign San Francisco, CA United States Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  City of Killeen, Texas  Provide the identification number used by the governmental entity or state agency to track or identify the contract, and providescription of the services, goods, or other property to be provided under the contract.  CU-0246 The Fitness Court and National Campaign Resources  Name of Interested Party  City, State, Country (place of business)  Check any Controlling  Check only if there is No Interested Party.  UNSWORN DECLARATION  My name is CREE LARSON  My address is 4/5 JACKSON STREET SUITER SAN PRANCISCO  (street)  Country, State of CALITORNIA on the 1/5 day of FERRICATION  Signature of appearance agent of contracting business entity  Signature of appearance agent of contracting business entity  Signature of appearance agent of contracting business entity  Certification  Certification  Certification  Certification  Certification  Certification  Certification  Certification  Country, State of CALITORNIA on the 1/5 day of FERRICATION  Signature of appearance agent of contracting business entity			

## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

1 of 1

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	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CF	OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:				
	siness.			2019-453265  Date Filed:				
	National Fitness Campaign							
2	San Francisco, CA United States  Name of governmental entity or state agency that is a party to the contract for which the form is			02/15/2019				
_	being filed.	02, 20, 2020						
	City of Killeen, Texas			Date Acknowledged: 03/01/2019				
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided in the control of the services.		uck or identify the contract, and provide a					
	QU-0246							
	The Fitness Court and National Campaign Resources							
4				Nature of interest				
	Name of Interested Party	City, State, Country (place of busin	y (place of business)		(check applicable)			
				Controlling	Intermediary			
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	, and my date of birth is						
	My address is(street)	(city) (s	state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correc	-t						
	Executed inCounty	y, State of, on the	·	day of(month)	, 20 (year)			
				(monut)	(yeai)			
	Signature of authorized agent of contracting business entity (Declarant)							